

MENTAL HEALTH UPDATE April 23, 2008

PRINCIPLES OF RECOVERY

Recovery is personal. It is self-directed. While it is different for each individual, we strive to keep recovery principles at the forefront of our work. Each issue of the Mental Health Update will highlight a principle of recovery, based on SAMHSA's consensus statement.

Self-Direction:

Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. The recovery process must be self-directed by the person, who defines his or her own goals and designs a unique path towards those goals.

Individualized & Person Centered * Empowerment * Holistic * Non-Linear Strengths-Based * Peer Support * Respect * Responsibility * Hope

* * * * * * * *

New England Center for Emergency Preparedness Prepares for Spring Conference

The New England Center for Emergency Preparedness (NECEP) will hold a conference on May 21^{st,} in Killington to address Vermont Healthcare Emergency Preparedness. Invitees will include staff from Designated Agencies (DAs), Skilled Nursing Facilities, Residential Care Facilities, and hospitals. Throughout the day there will be workshops and plenary sessions that will address Disaster Management, Pandemic Flu, Special Populations, Risk Communications, Behavioral Health Disaster Response, and Sudden Death Notification. Behavioral Health will be well represented by Mary Moulton and Gary Gordon, DMH contractors from Washington County Mental Health, who will present two workshops and convene one of the plenary sessions. Michelle Lavallee from DMH is also planning to participate in the plenary session.

NECEP is an organization involved in regionalizing and coordinating the planning and response for Northern New England in the event of a mass casualty disaster. NECEP is developing working relationships with the states of Maine, New Hampshire and Vermont in order to coordinate emergency planning efforts. These planning efforts are essential as states can be critical partners that supply mutual assistance to each other managing a disaster.

ADULT MENTAL HEALTH

It's Time to Walk for NAMI on May 17th

The National Association for Mental Illness of Vermont (NAMI—VT) will again participate in a nationwide event that has taken root across the country, raising public awareness of serious mental illness and funding for programs to help consumers and

families. The 2007 NAMI—VT walk succeeded in raising \$43,000 and this year's walkers and volunteers are a third of the way toward their 2008 goal of \$50,000.

The 3-mile walk starts from the Vermont State House, where mental health consumers, family members, providers and friends will check in beginning at 9:30 a.m. rain or shine. The NAMI—VT Walk is from 11:00 to 1:00 on the Montpelier bike path. There are options to turn around along the way, so the distance is up to the walker.

NAMI—VT is a grassroots, volunteer organization that offers education and support for families coping with the problems presented by mental illness. Check-in for the walk begins at 9:30 a.m. on the State House lawn. Besides the walk, there will be activities for all to enjoy and free refreshments for people walking. All ages are welcome. Register in advance, join a team, or contribute at 1-800-639-6480 or www.nami.org/namiwalks/VT.

2008 Vermont CRT Conference

Save the date! The Vermont Department of Mental Health, in collaboration with the Vermont Council of Developmental and Mental Health Services, is pleased to announce the 2008 Vermont CRT Conference: Exploring the Changing World of Services and Supports for Adults with Major Mental Illness. The conference will be held on June 13th at the Killington Grand Hotel in Killington, Vermont. A registration flyer will be forthcoming; for more information, contact Jessica Whitaker at jwhitaker@vdh.state.vt.us or visit us online at http://healthvermont.gov/mh/documents/2008CRTCONF.pdf

CHILDREN'S MENTAL HEALTH

The Department of Mental Health and the University of Vermont are exploring the ways to implement a Web-based application for all of the ASEBA (CBCL) forms collected from the DAs. (ASEBA stands for Achenbach System of Empirically Based Assessment; cbcl stands for child behavior checklist.) Currently DMH enters these data from a paper application for all residential, Waiver, and ISB clients. If this process goes as well as we expect, we would broaden the use of this tool for other clients as well. This could be a very effective means for screening, assessing, and measuring treatment outcomes for children and their families. We will keep you posted of our progress in this very exciting project. For more information, please call Charlie Biss at 652-2000.

Vermont Works to Address Mental Health Issues Among Young People

As part of National Public Health Week April 7-13, 2008, the Vermont Department of Health issued a press release emphasizing the creative ways in which the state is addressing mental health issues in youth: placing a medical social worker in a pediatrician's office, for example, in addition to providing psychiatric consultation to primary care physicians and using the Web for telemedicine and e-mail consultation. See the full press release at

http://healthvermont.gov/mh/documents/CHILDPRESSRELEASE.pdf

Children's Mental Health Day

Tuesday May 6, 2008, is Children's Mental Health Day in Vermont. According to the National Children's Mental Health Day Website, awareness day is "an opportunity for SAMHSA, SAMHSA-funded communities, and partner organizations to promote positive youth development, resilience, recovery, and the transformation of mental health

services delivery for children and youth with serious mental health needs and their families."

More information and details about Children's Mental Health Day in Vermont can be found at http://healthvermont.gov/mh/documents/CMHDayFlyer2008.pdf

FUTURES PROJECT

Review Group Considers Care Management Proposals

The Department of Mental Health invited a multi-stakeholder group to participate in the review of five proposals submitted for design of a care management system. The review group met and identified the leading proposals. DMH is checking references and doing its due diligence before making a final selection. Design of a care management system is a core objective of the Futures Plan. The Care Management Work Group developed principles of a care management system but recognized that the *design* of the system was a task that required outside resources. The work group will be engaged in this new phase of the process once a contractor is selected and work begins.

Residential Development Proposals

The two proposals for development of new staff-secure residential recovery beds have been presented and rated through an open review process that invited readers to review them and submit their ratings to the Department of Mental Health. Southern Alliance (HCRS and Brattleboro Retreat) and Collaborative Solutions Corporation (HowardCenter, the Clara Martin Center, and Washington County Mental Health Services) have each been asked to submit additional information.

<u>Vermont Supreme Court Denies VSEA (Vermont State Employees Association)</u> <u>Appeal of BISHCA (Department of Banking, Insurance, Securities, and Health Care Administration)</u>

The Vermont Supreme Court affirmed BISHCA's decision granting a Conceptual Certificate of Need for the Futures project. To view the decision on the DMH Website, follow the link http://healthvermont.gov/mh/documents/VSEABISCHA.pdf

Futures Submits Six-Month Report to BISHCA

The Department of Mental Health filed the six-month project planning report on April 14. The report is required by the April 2007 Conceptual Certificate of Need and is available on the DMH Website. To view the report, click on the link http://healthvermont.gov/mh/documents/BISHCAIMPLEMENTReportAPR2008.pdf

Transformation Council

The Transformation Council will meet Monday, April 28, 2:00 to 4:15 p.m. in Waterbury (Stanley Hall, Room 100). The agenda will include Rutland Regional Medical Center's proposed facilities for improved, expanded inpatient psychiatric services to accommodate individuals who would otherwise require treatment at Vermont State Hospital. Members of the Rutland hospital's community advisory committee also will attend.

Consultation Group

The Consultation Group will meet with the Futures Team on April 30, 1:00 to 3:00 p.m., in Burlington (108 Cherry Street, Room 3B) to discuss the issues and provide feedback about extending the use of Act 114 into community settings.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Save the Date: Third Annual Peer Conference on Co-occurring Conditions to Be Held on September 26. Walk a Mile in My Shoes: Bridging peer supports and treatment services

Workforce Development Subcommittee

The Workforce Development Subcommittee was tasked by the legislature and the Alcohol and Drug Abuse Programs (ADAP) Summer Study to analyze the need for a new co-occurring license in Vermont. It has completed a draft presentation. If you are interested in reviewing and commenting on the draft please contact Paul Dragon at 652-2020 or e-mail him at pdragon@vdh.state.vt.us

Clinical Practices Committee

Eleven agencies participated in the first VISI clinical consultation held on March 12th. The Department of Corrections presented a very complex case that touched on several service systems. A panel of providers and state staff responded to both the case presentation and to questions and recommendations from the participating agencies. Continuing Education Units (CEUs) were awarded for this educational opportunity. The next clinical consultation is on Wednesday, May 14, from 12:00 until 1:00.

Co-occurring 101 Training

VISI will be hosting a COD (co-occurring disorder) 101 training conducted by Dr. Anthony Quintiliani on April 24 and 25 at the Community College of Vermont, lower level 7 classroom on Cherry Street in Burlington.

- Attendees will be able define co-occurring disorders using the Diagnostic and Statistical Manual (DSM)-IV Axes 1-3, with a focus on how the disorders may interact
- Attendees will be able to identify symptoms associated with substance use that may mimic functional mental health conditions and be able to work toward improving skills that may better help define the nature of the problem.
- Attendees will understand the relevance of the History of Present Illness in case formulation and treatment planning

Please RSVP to Patty Breneman: <u>pbrenem@vdh.state.vt.us</u> or 652-2033.

VISI Resources

Please check out the VISI Website at https://healthvermont.gov/mh/visi/index.aspx

The VISI Resource Book with co-occurring information for consumers is now on the Website, or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are great additions to a waiting room or handouts to consumers, peers and family and support people.

VERMONT STATE HOSPITAL

<u>Department of Justice (DOJ) Issues Fourth VSH Compliance Report: Shows</u> <u>Marked Improvement In Patient Care, Safety</u>

The Agency of Human Services (AHS) press release of April 22nd follows:

Waterbury, VT.-- The U. S. Department of Justice (DOJ) recently issued their fourth compliance report for the Vermont State Hospital (VSH), based on an on-site review of the facility conducted in early March, 2008. The DOJ report shows that VSH is compliant with the key components of the agreement made between the federal government and the State in July 2006. The report evaluates the progress the hospital is making in 140 areas, with a 5-point scoring system, ranging from Non-Compliant to Sustained Compliance.

"I'm pleased that this report highlights the significant efforts the Department of Mental Health (DMH) and VSH staff has undertaken to improve the provision of care at the hospital for Vermont's acutely mentally ill," noted Agency of Human Services Secretary Cynthia D. LaWare. "Ensuring VSH provides high quality, compassionate care, and remains a safe and secure facility for Vermont's most vulnerable, is essential as the State moves forward to secure agreements with our community partners to develop a new system of care that will eventually replace this aging facility."

The reviewers, Dr. Jeffrey Geller, MD, MPH, and Dr. Mohammed El-Sabaawi, met with management, staff, and patients at the Waterbury campus for four days and offered in their report that, "staff of VSH at all levels should be most pleased with the improvements their efforts have yielded to date."

Among the most improved areas were the protections of patients from harm, the quality improvement of patient care, the environmental conditions and building safety of the hospital, and mental health assessments. Areas where there has been marked improvement, but are still in need of attention, include specific treatment services and the integration of services across all hospital services.

"It was evident from this visit that VSH leadership and staff have made significant progress to ensure VSH has become a safer and more effective treatment provider, and the Department will continue working to improve the mental health service delivery experience for all patients at VSH," said DMH Commissioner Michael Hartman.

The hospital has been working toward regaining both Joint Commission on Health Care Organizations accreditation, and certification by the federal Center for Medicare and Medicaid Services, to assure high quality patient care for Vermont's most severely mentally ill.

The DOJ report is available for viewing and download on the DMH website: http://healthvermont.gov/mh/programs/hospital/index.aspx

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 49 as of midnight Tuesday. The average census for the past 45 days was 46.2